

## Age-Friendly Austin Community Feedback Survey 2023

**Welcome to our Age-Friendly Survey. We are interested in the opinions of Older Adults that reside within our local community. Your feedback will help the Commission on Aging make recommendations on the City of Austin's upcoming budget.**

**The survey will ask you to share thoughts regarding topics that impact your daily life. Please answer the questions as you understand them. We want to ensure that we capture your honest opinion.**

**We understand that COVID-19 has changed or interrupted our normal day to day functions. Please answer the questions thinking of both pre-COVID-19 and post COVID-19.**

**We greatly appreciate you taking the time to share your thoughts. This survey will take about 10-15 minutes.**

**There will be an opportunity to give additional feedback and comments at the end of the survey.**

**All questions on this survey are optional.**

### *Section 1: Outdoor and Public Places*

*Public places to gather — indoors and out. Green spaces, safe streets, sidewalks, outdoor seating, and accessible buildings (think elevators, stairs with railings, adequate lighting, etc).*

1. How would you describe your ability to access parks or recreational opportunities near your residence?
  - Extremely easy
  - Very easy
  - Neutral
  - Difficult
  - Extremely difficult
  - Do not access parks and recreational opportunities
  
2. Do you face any of the following barriers in accessing parks or recreation opportunities near your residence? Please select all that apply.
  - No parks or recreational opportunities near my residence
  - No available transportation to parks or recreational opportunities
  - Safety concerns at parks and recreational opportunities (i.e. limited lighting, uneven walkways, illicit behavior, etc.)
  - Not easily accessible (i.e. no sidewalks, elevators, wheelchair ramps)
  - I have no issues accessing parks or recreational opportunities

- ADA (Americans with Disabilities Act) Accommodations
- Other (please specify)

*Section 2: Transportation*

*Transit options can include walking, taking the bus, rideshare (Lyft, Uber, or Ride Austin), driving, carpooling, or Senior Transportation Services (i.e. Drive a Senior), etc.*

3. What mode of transportation do you ***prefer to use?*** ***Select your top 3 preferred modes.***

- |   |  |
|---|--|
| <input type="checkbox"/> Personal Vehicle                             | <input type="checkbox"/> Senior Transportation Services (i.e. Drive a Senior, Chariot, etc.) |
| <input type="checkbox"/> CapMetro (Bus)                               | <input type="checkbox"/> Metro Access  |
| <input type="checkbox"/> Walking                                      |  |
| <input type="checkbox"/> Bicycling                                    |  |
| <input type="checkbox"/> Ride Share (Uber, Lyft, Ride Austin) or Taxi |  |

4. Do you face any of the following barriers in accessing your preferred transportation mode? Please select all that apply.

- No public transit near residence
- Safety Concerns (i.e. limited lighting, extreme heat, illicit behavior, etc.)
- Cost
- Lack of ADA Accommodations
- Home bound with medical condition
- I have no issues accessing my preferred method of transit.
- Other (please specify)

*Section 3: Housing*

*There are several housing opportunities for older adults such as independent living, residential care, assisted living, etc.*

5. Which of the following best describes your current living arrangements? Please select all that apply.

- Living alone **[Skip to question 7]**
- Living with spouse/partner **[Skip to question 6]**
- Living with children **[Skip to question 6]**
- Living with grandchildren **[Skip to question 6]**

- Living with roommates **[Skip to question 7]**
- Living in assisted living **[Skip to question 7]**
- Living in a 55+ community **[Skip to question 7]**
- Experiencing homelessness **[Skip to question 7]**
- Prefer not to say **[Skip to question 7]**
- Other (please specify) **[Skip to question 7]**

6. Are you the primary caretaker for a spouse/partner, children, or grandchildren? (Please select all that apply)

- Yes (spouse/partner)
- Yes (children)
- Yes (grandchildren)
- No
- Other (please specify)

7. Does affordability affect your housing options?

- Yes **[Skip to question 8]**
- No **[Skip to question 9]**
- Unsure **[Skip to question 9]**

8. Have you experienced unstable housing due to...(Select all that apply)

- Homelessness
- Gentrification (process of changing the character of a neighborhood through the arrival of more wealthy residents and businesses)
- Economic Impact of COVID-19
- Affordability
- Medical Reasons
- Loss of job
- Not experiencing unstable housing
- Other (please specify)

9. Would you prefer to age in place? (aging in place refers to staying in your own home as you age)

- Yes
- No
- Unsure

10. Are you aging in place?

- Yes **[Skip to question 12]**
- No **[Skip to question 11]**
- Unsure **[Skip to question 12]**

11. List the 3 top reasons you are not able to age in place

1.

2.

3.

*Section 4: Employment and Volunteer Opportunities  
Including full and part-time employment and volunteering*

12. What is your current employment status?

- Full-time (30+ hours) **[Skip to question 13]**
- Part-time (less than 30 hours) **[Skip to question 13]**
- Retired **[Skip to question 15]**
- Semi-Retired **[Skip to question 15]**
- Not employed but looking for work **[Skip to question 13]**
- Other (please specify) **[Skip to question 15]**

13. Do you believe older adults in Austin have equal employment and income opportunities?

- Yes
- No
- Other (please specify)

14. Would you be interested in assistance with resume writing, interview practice, training, etc?

- Yes
- No
- Don't know

15. Have you participated in any volunteer and/or community engagement opportunities in the last 12 months?

- Yes
- No

16. Have you encountered any barriers participating in volunteer and/or community engagement opportunities? Please select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Transportation Services  | <input type="checkbox"/> Options closer to your residence  |
| <input type="checkbox"/> Interpretation Services  | <input type="checkbox"/> Don't have access to the internet   |
| <input type="checkbox"/> Culturally Appropriate Services (services that will support and recognize cultural customs, traditions, and beliefs) | <input type="checkbox"/> ADA Accommodations  |
| <input type="checkbox"/> Other (please specify)   | <input type="checkbox"/> I face no issues accessing volunteer and/or community engagement opportunities. |

*Section 5: Recreational/Social*

*Culturally appropriate recreational and social opportunities for older adults*

17. Have you participated in any social or recreational activities in the past 12 months?

- Yes
- No
- Yes, but not as many as I would have liked too
- Other (please specify)

18. Have you encountered any barriers participating in recreational and social opportunities? Please select all that apply.

- Transportation Services
- Interpretation Services
- Culturally Appropriate Services
- Options closer to your residence
- Don't have access to the internet
- ADA Accommodations
- I face no issues accessing cultural and educational opportunities.
- Other (please specify)

*Section 6: Community Support & Health Services*

*Public Health and Health Care Services to improve health outcomes for older adults*

19. In the last 12 months have you had difficulty accessing any of the following health services? Please select all that apply.

- Mental Health Services
- Dental Services
- Vision Services
- Hearing Services
- Primary Healthcare
- Specialty Healthcare (i.e. Cardiologist, Neurologist, etc.)
- No issues accessing services

20. If you have had barriers accessing ANY health services, please explain. Select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> No Health Insurance  | <input type="checkbox"/> Conflict with religious Beliefs             |
| <input type="checkbox"/> No Transportation to medical appointments or pharmacy  | <input type="checkbox"/> No Available Providers                      |
| <input type="checkbox"/> Stigma (fear or embarrassment)   | <input type="checkbox"/> Cost  |
| <input type="checkbox"/> No Social Support (i.e. No one to assist you with scheduling or attending your appointments) | <input type="checkbox"/> ADA Accommodations                          |
| <input type="checkbox"/> Lack of Time   | <input type="checkbox"/> Telehealth access/technology                |
|   | <input type="checkbox"/> Safety Concerns (ex. COVID-19, Falls, etc.) |
|   | <input type="checkbox"/> No issues accessing services                |

Other (please specify)

21. I receive social support through...(Please select all that apply)

- |   |   |
|---|---|
| <input type="checkbox"/> My children            | <input type="checkbox"/> Online             |
| <input type="checkbox"/> My friends             | Communities/Social Media                    |
| <input type="checkbox"/> Other Family Member    | <input type="checkbox"/> Work Network/Union |
| <input type="checkbox"/> Support Group          | <input type="checkbox"/> Do not have enough |
| <input type="checkbox"/> Faith Based Community  | support/experiencing social                 |
| <input type="checkbox"/> Neighbor(s)            | isolation                                   |
| <input type="checkbox"/> Community              |   |
| agencies/organizations                          |   |
| <input type="checkbox"/> Other (please specify) |   |

22. Do you have any other health or safety concerns? Please select all that apply.

- |   |  |
|---|--|
| <input type="checkbox"/> Have limited access to healthy food options                              | <input type="checkbox"/> Fraud, Abuse, and/or Neglect              |
| <input type="checkbox"/> Worried about cost or arrival time of Emergency Medical Services (EMS)   | <input type="checkbox"/> Experiencing loneliness                   |
| <input type="checkbox"/> Not prepared for an emergency (including floods, fire, hurricanes, etc.) | <input type="checkbox"/> Fear of COVID                             |
| <input type="checkbox"/> No caregiver or support for your caregiver                               | <input type="checkbox"/> Fall Risk                                 |
| <input type="checkbox"/> Other (please specify)   | <input type="checkbox"/> ADA Accommodations                        |
|   | <input type="checkbox"/> I have no other health or safety concerns |

23. The COVID-19 Virus has affected many throughout our community. Please take a moment and share three areas in which COVID-19 has affected your life in the last year.

1.

2.

3.

24. Have you received the COVID-19 Vaccine? If so, how many doses have you received?

- 1 **[Skip to question 26]**
- 2 **[Skip to question 26]**
- 3 **[Skip to question 26]**
- 4 **[Skip to question 26]**
- I have not received any doses of the COVID-19 Vaccine **[Skip to question 25]**
- Prefer not to say **[Skip to question 26]**

25. If you have not received the COVID-19 vaccine, please share your reason(s). Select all that apply.

- Lack of access
- Fear
- Conflict with religious beliefs
- Lack of transportation
- Prefer not to say
- Other (please specify)

#### *Section 7: Digital Access and Inclusion*

26. Do you have access to the internet (broadband access) in your home?

- Yes **[Skip to question 28]**
- No **[Skip to question 27]**

27. If no, what prevents you from having internet/broadband access in your home? Select all that apply.

- Cost
- Location of home/no provider in the area
- Need assistance making appointment with company
- No interest
- Unfamiliarity with internet/broadband access
- Other (please specify)



28. Do you have access to a working technology device (computer, laptop, tablet, smart phone, etc.)?

Yes **[Skip to question 30]**

No **[Skip to question 29]**

29. If no, what prevents you from having a technology device (computer, laptop, tablet, smart phone, etc.)? Select all that apply.

Cost **[Skip to question 33]**

No interest **[Skip to question 33]**

Unsure how to use it **[Skip to question 33]**

Other (please specify) **[Skip to question 33]**

30. If yes, do you need any training assistance utilizing your device?

Yes **[Skip to question 31]**

No **[Skip to question 32]**

31. What type of training are you most interested in?

Over the phone

Online

Manual (written instructions)

One on one training (in person)

Group training (in person)

Other (please specify)

32. Have you received any financial assistance to access these devices?

Yes

No

Yes, but not as many as I would have liked too

Other (please specify)

Section 8: General

33. Which of the following resources do you use to stay informed? Please select all that apply.

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Television       | (Facebook/Twitter/Instagram           |
| <input type="checkbox"/> Radio            | )                                     |
| <input type="checkbox"/> Internet/website | <input type="checkbox"/> Newsletter   |
| <input type="checkbox"/> Email            | <input type="checkbox"/> Telephone    |
|   | <input type="checkbox"/> Text         |

34. What are the top 3 newsletters/magazines/newspapers you read to stay informed about Austin Community Resources?

- 1.
- 2.
- 3.

35. Please share any future concerns that were not addressed in this survey:

*Demographics-These questions are **optional**, if you do not feel comfortable answering, please feel free to skip.*

36. I am responding on behalf of myself, or I am responding on behalf of an agency or organization serving older adults. Check all that apply.

- Myself
- Caregiver
- Agency or Organization, please specify

37. What is your age?

- Age 49 and under
- 50-64
- 65-74
- 75-84

85 and over

38. What is your racial or ethnic identity? (Select all that apply.)

- African American/Black
- East Asian
- Hispanic/Latinx
- Middle Eastern
- American Indian/Alaskan Native
- Pacific Islander
- South Asian
- Southeast Asian
- White
- None of the above, please specify...

Recent events have highlighted the need to be more aware of the diversity that exists in Austin, including the LGBTQI+ community. The first step toward accomplishing this is to gather demographic data, hence these questions about sexual orientation and gender identity. This issue was discussed in Austin City Council meetings, with the Council's favorable reaction. **However, your first consideration in answering these questions should be your own comfort level.**

**Cisgender:** A term used to describe people whose gender identity and gender expression align with their sex assigned at birth. A cisgender man is someone who was assigned male at birth and identifies as a man, and a cisgender woman is someone who was assigned female at birth and identifies as a woman.

**Non-Binary:** A broad term that encompasses any gender identity outside of the binary constructs of girl/woman or boy/man

**Trans Woman or Trans Feminine:** A term for someone who was assigned male at birth who identifies as a woman or identifies as feminine on the gender spectrum.

**Trans Man or Trans Masculine:** A term for someone who was assigned female at birth who identifies as a man or identifies as masculine on the gender spectrum.

39. What is your gender identity?

- |  |   |
|--|---|
| <input type="checkbox"/> Cisgender Female                    | <input type="checkbox"/> Trans Man or Trans Masculine |
| <input type="checkbox"/> Cisgender Male                      | <input type="checkbox"/> Agender                      |
| <input type="checkbox"/> Non-Binary                          | <input type="checkbox"/> Gender Fluid                 |
| <input type="checkbox"/> Trans Woman of Trans Feminine       | <input type="checkbox"/> Prefer not to say            |
| <input type="checkbox"/> Not specified above, please specify |   |

40. Do you identify as intersex?

- Yes
- No
- Prefer not to say

41. What is your sexual orientation?

- Asexual
- Bisexual
- Gay
- Heterosexual or straight
- Not specified above, please specify
- Lesbian
- Pansexual
- Queer
- Prefer not to say

42. Are you a person living with a disability?

- Yes **[Skip to question 43]**
- No **[Skip to question 44]**
- Prefer not to say **[Skip to question 44]**

43. If so, please select any of the following:

- Blind or low vision
- Deaf or hard of hearing
- Intellectual or developmental disability (IDD)
- Not specified above, please specify
- Cognitive disability
- Physical disability
- Psychiatric or mental health
- Prefer not to say

44. What is your Zipcode?

45. What City Council District do you live in?

- District 1 (Natasha Harper-Madison)
- District 2 (Vanessa Fuentes)
- District 3 (Jose Velasquez)
- District 4 (Jose "Chito" Vela)
- District 5 (Ryan Alter)
- District 6 (Mackenzie Kelly)
- District 7 (Leslie Pool)
- District 8 (Paige Ellis)
- District 9 (Zohaib "Zo" Qadri)
- District 10 (Allison Alter)
- Do not know

I do not reside in the City  
of Austin

**Thank you for your participation! If you have questions or concerns, please feel free to email [AgeFriendlyAustin@austintexas.gov](mailto:AgeFriendlyAustin@austintexas.gov).**